Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED						
					R	1						
		MHL092-686	B. WING		03/0	5/2019						
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	STATE, ZIP CODE								
VICTORY HEALTHCARE SERVICES INC. 3716 SUMMER PLACE												
VICTORY HEALTHCARE SERVICES, INC RALEIGH, NC 27604												
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE						
V 000	V 000 INITIAL COMMENTS		V 000									
	completed 3/5/19. was substantiated. This facility is licens	I and follow-up survey was Complaint Intake # 0014753 A deficiency was cited. sed for the following service C 27G .5600A Supervised	3									
	Living for Adults wit											
V 736	V 736 27G .0303(c) Facility and Grounds Maintenance		V 736									
	EXTERIOR REQUI (c) Each facility and maintained in a safe	803 LOCATION AND IREMENTS d its grounds shall be e, clean, attractive and orderl e kept free from offensive	y									
	failed to maintain th	et as evidenced by: ion and interview the facility ne home in a clean, safe, and free from offensive odor.										
	-Kitchen floor d dirty along the base -Kitchen floor h making the floor un -Baseboards th extremely dirty and -Client #4's bed mattress, blinds on off, and screen doo was stuckDown stairs ba	roughout the home was	J h									

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED						
					F						
		MHL092-686	B. WING		03/0	5/2019					
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE							
VICTORY HEALTHCARE SERVICES, INC 3716 SUMMER PLACE RALEIGH, NC 27604											
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED CORRECTION (CROSS - REFERENCE)	(X5) COMPLETE DATE						
V 736	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		V 736								

Division of Health Service Regulation STATE FORM